SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

BAYFIELD COUNTY, WISCONSIN

BAYFIELD COUNTY, WISCONSIN

BAYFIELD COUNTY, WISCONSIN 282 200 2 4 2012

Date: Amo Permit #: (などのよりにな)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept

☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)	Section 3 , Township 43 N, Range 7 W	1/4,1/4 Gov't Lot 2	PROJECT Legal Description: (Use Tax Statement) LOCATION			Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: North Vascation Rentals	45918 S. Lake Owen DR.	Address of Property:	Janice Kutledt	Owner's Name:	TYPE OF PERMIT REQUESTED—▶ ☐ LAND USE ☐ SAI	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
er, Stream (incl. Intermittent) Distance Structure is from Shoreline:	w Town of: Cable	Lot(s) CSM Vol & Page Lot(s) No. Block(s) No.	04-012-7-43-07-03-205-004-09084 volume	PIN: (23 digits)	715-139-6645 BOX 130 Drummond, W1.5483.	Agent Phone: Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber:	Calle, WI 54821	City/State/Zip:	19375 1303t. Bloomer, W.	Mailing Address: h City/State/Zip:	🗆 SANITARY 🗏 PRIVY 🖺 CONDITIONAL USE 🗡 SPECIAL USE) APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp
Is Property in	Lot Size Acreage	Subdivision:	Volume Page(s)	Recorded Document (i.e. Property Ownership)	W/54831 Attached No	-	Plumber Phone:	A PANAGON TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	Cell Phone:	Bloomer, W1.54724 715-5683515	Telephone:	ALUSE 🗆 B.O.A. 🗆 OTHER	it our website www.bayfieldcounty.org/
Are Wetlands	7			wnership)		ization				35/5	ì		zoning/asp

ر الا	Property	☐ Run a Business on	Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	☐ New Construction	Value at Time of Completion	Non-Shoreland	X Shoreland 👉 X s Property/Land	Creek or Landward
	☐ Foundation	on 🗆 No Basement	oldg) 🛘 Basement	□ 2-Story	tion 1-Story + Loft	on 🕱 1-Story	# of Stories for) and/or basement		Xs Property/Land within 1000 feet of Lake, Pond or Flowage	Creek or Landward side of Floodplain? If yescontinue
				11000	🖹 Year Round	☐ Seasonal	Use		Pond or Flowage If yescontinue — ▶	If yescontinue —
		□ None		<u></u> 3	□ 2	□ 1	# of bedrooms		Distance Stru	Ciorca co co
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: (Cont.)	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	feet
	, , , , , , , , , , , , , , , , , , ,	ntract)	Ited (min 200 gallon)	ify Type: (Logit	ify Type:	The state of the s	oe of ry System operty?		¥No	Is Property in Floodplain Zone?
				<u> </u> _	- K Well	□ City	Water		□ No	Are Wetlands Present?

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length:

Width: Width:

Height: Height: メロス

					2000
Proposed Use	•	Proposed Structure	Dimensions	sions	Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	~ ×	_	
		with Loft	×		e entre entr
💢 Residential Use		with a Porch	×		and a supply of the supply of
		with (2 nd) Porch	(×	_	
		with a Deck	(X		
		with (2 nd) Deck	×		1144990
Commercial Use		with Attached Garage	×	_	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(×	}	. :
		Mobile Home (manufactured date)	×	_	
]		Addition/Alteration (specify)	×	_	TI CAMPANA D.
☐ Municipal Use		Accessory Building (specify)	×	_	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Accessory Building Addition/Alteration (specify)	×	_	
_,					
	×	Special Use: (explain) SUON - TEVM / LENTA!	×)	
		Conditional Use: (explain)	×		- 14 - 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		Other: (explain)	×		

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) adknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the abovie described property at any reasonable time for the purpose of inspection.

	Address to send permit P.O. Box 130, Drowmond, WI 54833	(If you are signing on behalf of the gwner(s) a letter of authorization must accompany this application)	Authorized Agent:	(If there are Multiple Owners listed on the beed All Owners must sign at letter(s) of authorization must accompany this application)	Owner(s): \mathcal{A}
	Drommond	wner(s) a letter of authoriza		must sign or letter(s) of a	
	E	tion must accom		thorization must	
If you recently purchased th	54832	pany this application)	Address .	t accompany this application)	La de la constanta de la const

Date Date 0

Ale TBA. Signature of Inspector: Hold For Sanitary:	Permit #: ## 2-4458 Permit #: ## 2-4458 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Structure Structure Nas Parcel Legally Created Structure Nas Parcel Legally Created Structure Nas Parcel Legally Created Structure Nas Proposed Building Site Delineated Structure Nas Proposed Building Site Delineated Structure Nas Proposed	Please complete (1) (7) above (prior to (8) Setbacks: (measured to (8) Setbacks: (measured to (1) (7) above (prior to (1) (1) above (prior to (1) -	Show indicate: Show indicate: Show: (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Madrae of dusta	Record) Contiguo Ono	ove (prior to assured to assure within the assured sure the assured sure to a licensed sure assured as a licensed sure assured to a license assured to a	of (*)
Hold For Affidavit:	Itary Number: 389: Son for Denial: Mit Date: //-//6- Pr Date: //-//6- Date: //-///-//- Date: //-///-///- Mit Date: //-///- Date: //-///- Mit Date: //-////- Mit Date: //-///- Mit Date: //-////- Mit Date: //-////- Mit Date: //-////- Mit Date: //-/////- Mit Date: //-///// Mit Date: //-/////////// Mit Date: //-//////////////// Mit Date: //-//////////////////////////////////	o continuing) Measurement Measurement Measurement Measurement Feet	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
☐ Hold For Fees:	Mitigation Required Mitigation Attached Yes Mao Previously Granted by Variance (B.O.A.) Pres Mao Were Property Lines Represented by Owner Was Property Surveyed to they need to be attached.)	Changes in plans must be approved the Description Description Setback from the Lake (ordinary high-water mater mater) Setback from the River, Stream, Creek Setback from Wetland Setback from Wetland Setback from Wetland Setback from which the setback must be measured must be visil and a corrected compass from a known corner within 500 feet of the properties of Issuance if Construction or Use has not the Date of Issuance if Construction or Use has not deral agencies may also require permits.	e Frontage Road) n Field (DF); (*) Holding Tai *) Pond
	Case Owner rveyed	Changes in plans must be approved by the Planning & Zoning Dept. Description Description Measurement The Lake (ordinary high-water mark) The River, Stream, Creek The Bank or Bluff The Bank or Bluf	nk (HT) and/or (*) Privy (P)
Date of Approval: 1/2	#: Coning District RRB No Zoning District	Measurement Measurement Why Feet HO Feet HO Feet HO Feet HO Feet Why Feet Feet Feet Why Feet Feet Feet Why Feet Feet Feet Why Feet Feet Why Feet Feet Why Feet Feet Feet Why Feet Feet Feet Why Feet Wh	

IT A PERMIT WILL RESULT IN <u>PENALTIES</u>	FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	FAILURE TO OBT
External Improvements to Accessory Building (explain)	☐ External Imp	☐ Residential Other (explain)
☐ EYGHAL III bioAetusha o ∟iii wbar nainnii 8 (sybani)		☐ Residential Accessory Building Addition (explain)
provements to Dringing Ruiding (explain)		☐ Residential Accessory Building (explain)
Special/Conditional Use (explain) Suprit-term Rental		☐ Residential Addition / Alteration (explain)
☐ Commercial Other (explain)	Garage sq. ft Commercial	Residence sq. ft.
☐ Commercial Accessory Building Addition (explain)		□ 秦 Residence w/attached garage (# of bedrooms)
☐ Commercial Accessory Building (explain)	Deck(2) sq. ft Li Commercial	Deck sq. ft.
El Collilletda Fillicipa bulung raantun (exprain)	Porch sq. ft	Residence sq. ft.
Disposed Building Addition (explain)		□ ※ Residence w/deck-porch (# of bedrooms)
☐ Commercial Principal Building	—— □ Commercial	Residence sq. ft.
☐ Mobile Home (manufactured date)	(# of bedrooms)	☐
(Bow / w///in	,	
Existing	Square Footage Sanitary:	et Value
YesNoNumber of Stories	Addition Existing X Basement: Ye	Structure: New A
Distance from Shoreline: greater than 75' ☐ 75' to 40' ☐ less than 40 ☐	Yes No D If yes.	ls your structure in a Shoreland Zone?
Written Authorization Attached: Yes 🛣 No 🔲	(Work) Written Authoriz	Telephone 715-739-64
Authorized Agent Kathlicen Johnson (Phone) 739-6645	1821 Authorized Age	Cable WI 54
	SE, Cable Lake Rd. Plumber	Address of Property 4553
COUNTY VOLCETION REHARD Phone) 739-6645	D. My USP Contractor Contractor	Property Owner (Jeonge
	74 of Deeds Parcel I.D. 04-0/2-2-	Volume 702 Page 37
CSM# Acreage 26:33		Gov't LotLot
North, Range 8 West. Town of Cable	of ME 1/4 of Section / Township 43	Legal Description SE 1/4 of
		eg.
SPECIAL USE BO.A. O OTHER	CONDITIONAL USE	LAND USE SANITARY
	INSTRUCTIONS: No permits will be issued until all fees are pablication. Zoning Dept. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.	INSTRUCTIONS: No permits will be issued until all fees are paid Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAY Changes in plans must be approved by the Zoning Department.
Amount Paid: #15 D95-19	"" UUI 242012 V	(715)(373-6138)
Zoning District K-1/Class d		Washburn, WI 54891
		Bayfield County Zoning Department
N Application No.: 12-0453	BA	SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
	APPLICATION FOR PERMIT	

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I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which many to a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Date Date

Owner or Authorized Agent (Signature) Address to send permit See Notice on Back Date 11-110-160 Permit Issued: Inspection Record: Reason for Denial: Mitigation Plan Required: Yes XP可 Sautria 130 Board APPLICANT -Permit Number 161-0455 LNUMBUR State Sanitary Number 27-2 PLEASE COMPLETE REVERSE SIDE AT H 115-72-07 Date , 101 54832 merca Permit Denied (Date) Date of Inspection Variance (B.O.A.) # all ATTACH

Copy of Tax Statement or V

(If you recently purchased the property Attach a Copy of Recorded Deed) -19-12

Hold for system evaluation. -OK

Secretarial Staff

and of Anni

Signed *1111.0*

6-22-12 Date of Approval

Condition:

Lower

MANTE.

Rec'd for Issuance

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

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007 23 2012

Date ENTERED Permit #: Refund: Amoun 175+330 × 505

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21-12	× 10-1	Date	this application)			above described property at any reasonable time for the purpose or Hisperium. Owner(s): X Man Faun F	Taylan J	perty at any reaso	above described pro Owner(s): X	
tept liability which	t. I (we) further ac t. arty ordinances to i	tering cou	[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is tide, correct and complete. They accompanying information is been examined by me (us) and to the best of my (our) knowledge and belief it is tide, correct and complete in the declaration is a permit. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) am (are) and (are) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the may be a result of Bayfield County relying on this information.	ie best of my (our) kr upon by Bayfield Cor I (we) consent to col	amined by me (us) and to thing and that it will be relied in or with this application.	nying information) has been exarmation I (we) am (are) providing ation I (we) am (are) providing	cluding any accompa d accuracy of all info elying on this inform	nis application (inc of the detail and inspired the county re	I (we) declare that the am (are) responsible may be a result of B	
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	× ?				The state of the s	Special Use: (explain)	□ Special I			
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160 100 100 100 100 100 100 100 100 100	× 200	30			shack, etc.)	Residence (i.e. cabin, hunting shack, etc.	_	×		
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Footage	Dimensions	Dime		Ċ	Proposed Structure			e	Proposed Use	1
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<u> (a) </u>	Vaulted (min 200 gallon)	aulted	Privy (Pit) or			☐ 2-Story	ion	☐ Conversion	10,00	
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Present? ☐ Yes	dplain Zone?	Floo	reet strom Shoreline :	Distance Struct	scontinue	Creek or Landward side of Floodplain? If yescontinue	indward side of	Creek or La	d charaland	4
Are Wetland	Is Property in	IS F	is from Shorelin	Distance Structure	m (incl. Intermittent)	300 feet of River, Strea	tv/Land within	☐ Is Proper		
357	6.3		EXT. DEC	200	Town of:	N, Range 8 W	£	27 , Township	Section 2	
	Acres		-	rous) wo.	Vol & Page	ot Lot(s) CSM	Gov't Lot	NW 1/4	SW 1/4,	19 13
	Page(s)_	on: Ce	81-4000 Volume 1000	7-20-6-0	4	atement)		Legal Description:	LOCATION	
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, No	Attached Organization Attached		Agent Mailing Address (Include City/State/Zip).	ent Mailing Addre			Signing Application on behalf of Owner(s))	son Signing App	Authorized Agent: (Person	₽
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hone:	577-75			5482				- Take	× .	
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OTHER	B.O.A. Telephone:	□ B.0	JSE SPECIAL USE	CONDITIONAL USE	□ PRIVY □ CI	JSE 🗆 SANITARY	· X LAND USE	UESTED— ≫	TYPE OF PERMIT REQUESTED	<u> </u>
org/zoning/as	fieldco	site www	T. HOW BOY FILE OUT THIS APPLICATION (visit our webs	JID PROST THIS	Eayfield Co. Zon r. Howl	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	t PERMITS HAVE	o: Bayfield Cou	s are made payable to	Check Do N

ompany this application)

Authorized Agent:
Rec'd for Issuarity Rousers signing on behalf of the owner(s) a letter of authorization must.
Rec'd for Issuarity Rousers in Plato 6011 E. Valley (
Address to send permit Russell Plato 6011 E. Valley (
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APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

SCOMSIM Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

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Hold For Sanitary:	X-Signature o	ndition(s	Date of Inspection:	Inspection Record:	Vas Propo	anted by V Yes XNo	Is Parcel in Is Struct	Permit #: /2./	uance I		previously st ced by a licer	r to the place	Setback to Septic Tanl Setback to Drain Field Setback to Privy (Port	back fro	Setback from the South Setback from the South Setback from the West L	tback fro	hack from		Please complete (1)				
itay:	f Insp):Town, (ectio	lecorc	Was sed B	Variar	d a Su Comm		nfor	(9)	inveyed ised sur	ment o surveye	Septic Drain F	m the	n the	m the	m the	(3		,() (7) (6) (4) (3) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
-	e of Inspector. Miles	Condition(s): Town, Committee or Board Conditions Attached? Mustial best management.	n 10-30-12	Meetsall	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (8.0.A.) □ Yes XNo Case #:	ndard Lot XYes Ownership □ Yes onforming □ Yes	d (Date):	Issuance Information (County Use Only)	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.	refor to the pictoment or construction of a structure index tinat tent (as) feet but less tinat tent (as) feet but less tinat the proposed site of the structure, or must be one previously surveyed conter to the other proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Prior to the placement or construction of a structure within ten (10) feet of the minimum requestion to the placement or construction of a structure within ten (10) feet of the minimum requestion to the placement or marked by a licensed surveyor at the owner's expense.	t Tank or Holding Tank Field (Portable Composting)	Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	Setback from the Established Right-of-Way	Sethack from the Centerline of Platted Road	Description Measured to the closest points	ete (1) - (7) above (prior to continuing)	Į.			Show / Indicate: Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):
TBA <	37	ndition		12	XYes XYes		Deed o (Fused)		Only	New C	/eyed co	ten (10)			2		ad	1	r to co				(*) (*) Nor
X	3/3	S S Attac		settacks	□ U No		(Deed of Record) (Fused/Contiguo			Permit Permit Ine & Too	ner, or v	feet of the the ow							ntinuin				th (N) or view xisting Vell (V ake; (*)
	1/2	``	Inspected by:	į			(Deed of Record) (Fused/Contiguous Lot(s))	Reason for Denial: Permit Date: / /	Sanitary Number:	(S) of New s Expire O (wo Family wn, Village	erifiable by th	he minimum r		150	582	+ 13 + 13		Measurement	th (B)		Č	500	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold	3	□Yes □	d by:					for Der Date: /	Numb	ne (1) \ Dwell Dwell, City,	e Depart	equired s		~		>	•	remei				2	an) Front es on y otic Tan *) Stre *) Stre
Hold For Affidavit:	mana	Oves One-OFF	1				No N	1 =	Ø.	tructio 'ear fro ing: AL State o	ment by u	etback, ti	Feet	Feet	Feet Feet	Feet	Feet					S	age Ro /our Pr nk (ST) am/Cr s over :
davit:	$\frac{1}{2}$	\ ∑ Ie	15			Pre	_	5	1	n, sep m the l L Muni r Feder	se of a co	re bound	10		10 10	10 10	(A)					tache	operty operty ; (*) Dr eek; or 20%
	~ () "	-(If <u>No</u> they need to be attac -12 (Silf Jense	at		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)	Mitigation Required Mitigation Attached	, .	345	Septic (ank (SI), Drain field (DF), Holding Tank (In the Date of Issuance if Construction or Use has not be Municipalities Are Required To Enforce The Uniform I deferal agencies may also require permits.	orrected co	ary line from	Setback	Elevation of Fl oodplain	Setback from Wetland Setback from 20% Slope Area	Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from						ame Fro rain Fiel
	Pacent.	To be at			perty L	Grantec Io	Require Attache	U	Ο	ISSUANC ISSUANC S Are Re Sies may	impass fro	m which	to Well	n of Flo	from V	from to	from ti		:0:				ntage I d (DF);
Hold		be attached.)			ines Re W	d by Var			# of	e if Con equired y also re	om a know	which the setback must be measured		odplai	Vetland	he Rive	the Lake (ordinary high-water m	ם	Changes in plans must be approvi				Road)
Hold For Fees:	なな	*			presen as Prop	iance (Yes Yes		bedroc	ela (DE estruction To Enf	vn corner	ck must b]]	d pe Are	k or Bl	ordir	Description	in plai				lding T
:s: 	' for	i st			ted by I	в.о.а.)	X X No		# of bedrooms: 3), Holal on or Us orce Th oermits	within 50	e measure			a l	am, Cre	ary hie	Ö	is must				ank (H
	1	1			Owner veyed	Case				ng Tan se has r e Unifo	O feet of t	d must be				ek	h-wate		be app				T) and/
	bestrul	pwent	Date	Zonin Lakes	Z → e e	#	Affidavit Required Affidavit Attached		Sanit	Not begu	he propos	e visible from					er mark)						
	Date of Approval; -/ 2		ate of Re-Inspectio	Zoning District Lakes Classification	, s		it Requ it Attac		Sanitary Date:	u), <u>Fliwy (F)</u> egun.)welling Code	ed site of	om one pr				-			ed by the Planning & Zoning Dept.				*) Privy (P)
	% 100 € 100	silfation	nspect	ct			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e: ///-)de.	the struc	reviously	2		7			3	lannin,				
	<i>P</i> .	Et.	וף ד	$ec{ au}_{\omega}^-$			□Yes		-31-1	and <u>well (</u> w).	turė, or n	surveyed			104	T.	Š	Measurement	g & Zo)
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1					□ No		55					othe	Feet	Feet	Feet	Feet	eet		A				 ¹ %

ow. Draw or Sketch your Property (regardless of what you are applying for)